# Request To Conduct

**DOCTORAL REMOTE ORAL EXAMINATION**

# \*\*\*\*Must be attached to “Request To Schedule Doctoral Oral Examination” form\*\*\*\*

|  |
| --- |
| **To:** Dean of The Graduate School |
| **From:** Program Director: |  |
|  | Director’s name**/**Program name |

***Student Information:***

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| --- | --- | --- | --- | --- |
| Student Name: |       |  | ID: |       |
| I agree to the exam conditions outlined below (sign/date): |  |

***Approval will be based upon responses to the following (attach additional explanations as needed):***

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| --- | --- | --- |
| 1. | Who is going to be located remotely and what is the proposed location of that individual during the exam? |       |
| 2. | State the reason for the absence and the justification for the exam being scheduled during that absence. |       |
| 3. | Describe the technology to be used (interactive video and audio are required). |       |
| 4. | If the exam is the Final, by what means will the presentation be available to the university community and what provisions will be available for the community to ask questions? |       |
| 5. | Have all participants been notified that prolonged failure of the technology may require that the exam be rescheduled? [ ]  Yes [ ]  No |
| 6. | Select one of the following procedures for obtaining signatures on exam report: 1) US Mail, 2) FedEx (or equiv), or 3) high quality scan of entire completed report, electronic transmittal, sign printout, re-scan and return. Consider deadlines when choosing. |       |

***DGP Signature/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate School Approval/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_